



Oregon Health Authority  
Problem Gambling Services  
Program Integration & Diversification  
Toolkit  
Ver1. October 2018

## Overview

Stand-alone treatment programs for problem gambling are challenging to fund and manage. There are several factors that contribute to this, including; 1) healthcare costs rising faster than funding sources. 2) low program client counts make it difficult to sustain stand-alone programming. 3) treatment retention and engagement is challenging 4) many programs lack a robust array of services to offer clients 5) many programs lack a way to treat co-occurring SUD's and MH disorders with Gambling Disorder.

OHA PGS is developing a series of toolkits to address these factors. This toolkit is intended to address service array and co-occurring disorders treatment offerings by creating pathways towards integrating problem gambling services into other agency programming and diversifying skill sets of agency staff and treatment content available to Oregonians dealing with Gambling Disorder.

## Treating Co-Occurring Disorders within PGS Services Programs

OHA PGS treatment has been supportive of multiple modalities of treatment for Oregonians dealing with Gambling Disorder, and their families and loved ones. OHA PGS has supported and permitted couples and family treatment to be provided by Gambling Counselors, as well as SUD's and MH treatment if co-occurring with Gambling Disorder, and services are provided by clinical staff credentialed/trained to provide those services.

In 2019 OHA PGS introduces billing codes and connected pay rates to capture co-occurring disorders treatment complexity and provision, as well as a wider array of treatment modalities and services. Although the codes are new, provision of specialty services has been supported in OHA PGS for many years.

## Clinical Overlap

In working with people dealing with Gambling Disorder, and their family members – as well as reviewing growing bodies of literature, research and theory around Gambling Disorder, it is becoming increasingly apparent that although there are many subtle and obvious differences in presentation between gambling disorder, substance use disorders, and mental health disorders there are many similarities. The DSM5 classifies Gambling Disorder as an Addictive Disorder, and places Addictive Disorders within Mental Health Disorders classifications. There is significant clinical overlap.

It is clinically relevant for many people dealing with Gambling Disorder to also be involved with SUD's treatment and MH treatment.

OHA PGS maintains a perspective that clinical services relevant to a clients' recovery should be accessible to the client. For example, if a SUD's group is clinically relevant for a Problem Gambling client, they should be able to participate in the group.

Further, by diversifying staff skill sets – increasing knowledge and skills of “allied clinicians” (clinicians trained in SUDs and/or MH counseling) agencies with gambling disorder programming can have broader and deeper impact in the lives of people dealing with gambling disorder, as well as their family members.

Also, by integrating with existing programming in other program areas within agencies, Problem Gambling programs can manage their costs more efficiently. Agencies with multiple programs – problem gambling, mental health and SUD's – thereby supporting the Triple Aim initiative of improving quality of healthcare, improving overall health within communities, and decreasing costs of services.

### **The Program Integration & Diversification (I&D) Toolkit**

This toolkit provides worksheets for program I&D readiness self- assessment, goal setting & development and implementation of a Program Integration & Diversification Initiative.

#### **Worksheet #1: Program I&D Readiness Self-Assessment**

- List services offered within agency

- Identify current access process to services for PGS clients

- Identify current level of Problem Gambling specific training of allied clinicians

#### **Worksheet #2: I&D Goal Setting, Development & Implementation**

- A “drill down” from worksheet #1 – utilize needs identified through self - assessment to:

- Identify goals towards Integration and Diversification

- Set timelines

Utilize worksheets #1a and #1b to set goals on worksheet #2.







**Worksheet #2: I&D Goal Setting, Development & Implementation Guide**

**DATE:**

**REVIEWER:**

**AGENCY:**

**LOCATION:**

*Utilize as many worksheets as necessary in your development process.*

**Goal:**

**Goal Type:**

**Decision Makers to Involve:**

**EMR/billing needs:**

**Support Staff to Involve:**

**Allied Clinical Staff to Involve:**

**Target Date for Implementation:**

**Goal:**

**Goal Type:**

**Decision Makers to Involve:**

**EMR/billing needs:**

**Support Staff to Involve:**

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